

***This portion MUST be returned with your payment to ensure proper credit. THANK YOU***

ACCOUNT BILLED
ULTRADENT PRODUCTS

PROJECT NAME
ULTRADENT O C CLAIMS

PROJECT ID
S450057

DUE DATE	ANNUAL FEE	AMOUNT DUE
07/25/2003	\$ 150	\$ 150

TAX ID OR SOCIAL SECURITY #

<input type="checkbox"/> FEE NOT ENCLOSED
Permittee requests an inspection to close out this permit.

DIVISION OF OIL GAS AND MINING  
1594 WEST NORTH TEMPLE SUITE 1210  
PO BOX 145801  
SALT LAKE CITY UT 84114-5801

<i>Change of Address</i>	
Contact	<b>RECEIVED</b> <b>AUG 25 2003</b>
Address	
E-Mail Address	
State	Zip
Phone	

*Please make check payable to:*  
**Division of Oil, Gas and Mining**